(Insert Name of Organization)
(Insert Date of Course)

PRE-ASSESSMENT CHAPTER 7

Directions

- Complete the Pre-Assessment when directed by the course facilitator.
- Mark your answers on the attached answer sheet.
- Please hand in your completed answer sheet prior to exiting today's session.
- **1.** Providers and suppliers can correct minor errors and omissions on claims by initiating a formal appeal.
 - A. True
 - B. False
- 2. There are three levels in the fee-for-service appeals process.
 - A. True
 - B. False
- **3.** An example of an overpayment is when an incorrect payee is paid.
 - A. True
 - B. False

(Insert Name of Organization) (Insert Date of Course)

PRE-ASSESSMENT ANSWER SHEET CHAPTER 7

	Α	В
1.	0	0
2.	0	0
3.	0	0

FACILITATORS:

Please make copies of completed Pre- and Post-Assessment answer sheets for your locked, confidential file and mail original answer sheets to:

A. Palmer Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C4-11-27 Baltimore, MD 21244

(Insert Name of Organization)
(Insert Date of Course)

POST-ASSESSMENT CHAPTER 7

Directions

- Complete the Post-Assessment when directed by the course facilitator.
- Mark your answers on the attached answer sheet.
- Please hand in your completed answer sheet prior to exiting today's session.
- **1.** Providers and suppliers can correct minor errors and omissions on claims by initiating a formal appeal.
 - A. True
 - B. False
- **2.** There are three levels in the fee-for-service appeals process.
 - A. True
 - B. False
- 3. An example of an overpayment is paid when an incorrect payee is paid.
 - A. True
 - B. False

(Insert Name of Organization) (Insert Date of Course)

POST-ASSESSMENT ANSWER SHEET CHAPTER 7

	Α	В
1.	0	0
2.	0	0
3.	0	0

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